

Application No. 09,871,227  
Amendment Dated July 16, 2003  
Reply to Office Action of April 25, 2003



Response Under 37 CFR 1.116  
Expedited procedure  
Examining Group 1600

TECH CENTER 1600/2900  
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/871,227  
Applicant : Hector F. DeLuca et al  
Filed : May 31, 2001  
Title : 2-Ethyl and 2-Ethylene-  
19-Nor-Vitamin D  
Compounds  
TC/A.U. : 1616  
Examiner : Barbara P. Badio  
Docket No. : 1256-00765

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)  
Dorothy A. Hauser  
Dorothy A. Hauser  
July 16, 2003  
Dorothy A. Hauser  
Dorothy A. Hauser  
Date

AMENDMENT AFTER FINAL REJECTION

Mail Stop: Amendment AF  
Commissioner of Patents  
P.O. Box 1450  
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Sir:

In response to the final rejection in the Patent Office Action dated April 25, 2003,  
please enter the following in the above-identified patent application:

**Remarks** begin on page 2 of this paper.



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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number

09/871,227

Filing Date

May 31, 2001

First Named Inventor

Hector F. DeLuca

Group Art Unit

1616

Examiner Name

Barbara P. Radio

Attorney Docket Number

1256-00765

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Wozny
Signature	
Date	07/16/2003

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